

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 15-17627		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO									
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED														
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON		DATE OF CRASH 05/15 MON		DAY		TIME MILITARY 1630											
CRASH OCCURRED ON 1425 Columbus AVE.				WITHIN THE INTERSECTION OF Kroger Lot																	
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)									CITY CODE								
LOG-1		LOG-2		LOC JUR FH9 FILT																	
A	UNIT NO 1	NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Allstate															
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Sizemore, Ray				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2229 S. Nixon Camp Rd Lebanon OH																	
PHONE NO 513-899-3080		BIRTH DATE 2-28-33		AGE 82M		SEX M		SOCIAL SECURITY NO		STATE OH			DRIVER'S LICENSE NO RM405181		OCCUPATION						
OWNER (IF SAME AS DRIVER, WRITE SAME) Ray Sizemore				ADDRESS 2229 S. Nixon Camp Rd. Leb. OH									PHONE 899-3080								
VEH YR 08		MAKE GMC		MODEL TK		COLOR Red		STYLE OH		LICENSE PLATE NO AF95ZP		TOWING SERVICE		VEH PED DIR FROM TO							
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
8	UNIT NO 2	NO OF OCCUPANTS 0		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT Senior Flaherty															
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) William Frisch				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 41 Desales A. Lebanon OH																	
PHONE NO		BIRTH DATE m D Y		AGE m D Y		SEX		SOCIAL SECURITY NO		STATE		DRIVER'S LICENSE NO		OCCUPATION							
OWNER (IF SAME AS DRIVER, WRITE SAME) William Frisch				ADDRESS 41 Desales A. Lebanon OH								PHONE 513-932-2739									
VEH YR 08		MAKE Hyun		MODEL 45		COLOR Blue		STYLE 45		LICENSE PLATE NO OH EH49250		TOWING SERVICE		VEH PED DIR FROM TO							
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE											
C		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		POSITION A B C D E F		INJURIES A B C D E F									
D		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		CONDITION 1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED									
E		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		CONDITION 1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN									
F		FROM UNIT NO		NAME (LAST, FIRST, MI)		BIRTH DATE m D Y		AGE		SEX		CONDITION 1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN									
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